



## Dermatology and Mohs Surgery

1225 W. Front Street – Suite C, Traverse City, MI 49684

Laurel Leithauser, MD

Anthony Van Vreede, MD

Rachel Zenner, FNP

### **CONSENT AND AUTHORIZATION FOR SURGICAL PROCEDURES**

I hereby consent to the medical and surgical care and treatment, as may be deemed necessary or advisable in the judgment of Laurel Leithauser, MD, Anthony Van Vreede, MD or Rachel Zenner, FNP. This may include, but is not limited to laboratory procedures (including diagnostic testing such as lab draws and skin biopsies), medical and surgical treatment or procedure (including wart treatments, cryotherapy, electrocautery and destruction, surgical removals, or excisions), or other services rendered during my visit with Dr. Laurel Leithauser, Dr. Anthony Van Vreede or Rachel Zenner, NP at Dermatology and Mohs Surgery.

In order to ensure that you understand all aspects of your visit, we encourage you to ask any questions regarding any procedures prior to them being performed. Dr. Leithauser, Dr. Van Vreede, Mrs. Zenner and staff will answer any questions and discuss any procedures and concerns with you in regard to the following:

- Benefits of the proposed procedure.
- The way the treatment or procedure is to be performed.
- Alternative treatment options.
- Probable consequences of not receiving the treatment.
- Risk and side effects involved with the procedure.
- Potential for additional incurred charges.
- The right to withdraw informed consent at any time, in writing.

Should a biopsy/culture be performed, or any other procedure in which a sample or section of your skin is removed, the specimen will be sent to an outside pathology lab (Pinkus/Aurora, St. Joseph Mercy, Munson, and CTA) for an accurate diagnosis, unless otherwise recommended by your clinician. This process will involve any testing necessary including special staining or outside consultations which will incur additional charges. Billing questions regard pathology lab charges should be addressed with the pathology lab itself. A staff member from Dermatology and Mohs Surgery will call you in approximately 7-10 days to inform you of your results.

I acknowledge that some medical diagnoses (such as warts, pre-cancerous, irritated moles) will require multiple treatments with one or more methods that may change throughout the course of treatment according to the providers treatment recommendation. I understand that each office visit and procedure will be billed accordingly.

With any procedure, there are risks involved which include, but are not limited to the following:

- Scar – Scarring is possible with any procedure of the skin. We will do everything we can to provide you with the best cosmetic result possible, but the final cosmetic outcome is not guaranteed. (Scarring can be hypertrophic, red, hyper/hypopigmented, uneven, etc.)
- Infection – The entire procedure will be done in a sterile and/or clean fashion. Still, a small number of people will get a wound infection.
- Bleeding – Some procedure may create some bleeding. Rarely will someone have significant bleeding after they leave such that they would have to come back to have us treat it.
- Nerve damage – Some procedure may create temporary nerve damage and/or abnormal nerve sensation.
- Recurrence – Recurrence is possible if the lesion is not completely removed. We will do everything we can to remove the lesion in its entirety, however since they grow microscopically, it is possible that the entire lesion is not removed.

I have read the consent form in its entirety. I understand the risks associated with procedures that may occur during my visits at Dermatology and Mohs Surgery. I do not impose any limitations on Dermatology and Mohs Surgery and its staff. I understand that I should discuss any questions or concerns with Dr. Leithauser, Dr. Van Vreede or Mrs. Zenner prior to any procedure and; therefore, with my signature, agree to have any necessary procedures performed.

PATIENT PRINT:

DATE:

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PATIENT SIGNATURE:

DATE:

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WITNESS SIGNATURE:

DATE:

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